

PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: MailMail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450
or Fax (703) 746-4000

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20995 7590 12/09/2003

KNOBBE MARTENS OLSON & BEAR LLP
2040 MAIN STREET
FOURTEENTH FLOOR
IRVINE, CA 92614

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Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO, on the date indicated below.

Suzanne G. Jepson

(Depositor's name)

(Signature)

March 3, 2004

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/558,576	04/26/2000	Jeffrey A. Whitsett M.D.	CHMC7.001CP1	9558

TITLE OF INVENTION: SURFACTANT PROTEIN D FOR THE PREVENTION AND DIAGNOSIS OF PULMONARY EMPHYSEMA

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$665	\$300	\$965	03/09/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
SCHNIZER, HOLLY G	1653	800-009000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. KNOBBE, MARTENS,
2. OLSON & BEAR, LLP
3.

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

CHILDREN'S HOSPITAL MEDICAL CENTER

Cincinnati, OH

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☐ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

☒ Issue Fee☒ Publication Fee☒ Advance Order - # of Copies 10

4b. Payment of Fee(s):

☒ A check in the amount of the fee(s) is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☐ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 11-1410 (enclose an extra copy of this form).

Director for Patents is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

(Authorized Signature)

(Date)

March 3, 2004

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This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Alexandria, Virginia 22313-1450.

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03/10/2004 AWONDAF2 00000147 09558576

01 FC:2501

665.00 OP

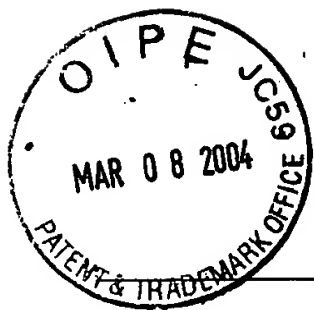
02 FC:1504

300.00 OP

03 FC:8001

30.00 OP

TRANSMIT THIS FORM WITH FEE(S)



PATENT

Case Docket No. CHMC7.001CP1

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant : Jeffrey A. Whitsett
Appl. No. : 09/558576
Filed : April 26, 2000
For : SURFACTANT PROTEIN D
FOR THE PREVENTION AND
DIAGNOSIS OF PULMONARY
EMPHYSEMA
Group Art Unit : 1653
Class/Sub-Class : 800-009000
Examiner : Holly G. Schnizer

I hereby certify that this correspondence and all marked attachments are being deposited with the United States Postal Service as first class mail in an envelope addressed to: Mail Stop Issue Fee, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on

March 3, 2004
(Date)

Suzanne G. Jepson
Suzanne G. Jepson, Reg. No. 51,848

TRANSMITTAL LETTER

MAIL STOP ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

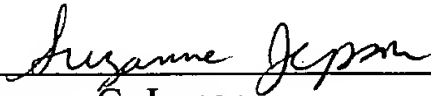
Enclosed for filing is the Issue Fee for the above-identified application:

- (X) Form PTOL-85.
- (X) Continuity information must be revised to include the prior PCT application. The first page of the specification filed on April 26, 2000, states: "This application is a Continuation in Part of PCT/US99/24675, filed October 20, 1999 which claims the benefit under 35 U.S.C. 119(e) of U.S. Provisional application 60/104941, filing date October 20, 1998."
- (X) A check in the amount of \$995 to cover the issue fee, publication fee, and advanced order of copies is enclosed.

PATENT

Case Docket No. CHMC7.001CP1

- (X) The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment, to Account No. 11-1410.
- (X) Return prepaid postcard.



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